

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/949082

FILING DATE
12-37-00

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | <i>2</i> | | | | | |
| TOTAL DEP. | <i>18</i> | | | | | |
| TOTAL CLAIMS | <i>20</i> | | | | | |

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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | * | * |
|--------------|----------|------|------------------------|------|------------------------|------|--------------|------|------|------|
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| TOTAL IND. | | | | | | | TOTAL IND. | | | |
| TOTAL DEP. | | | | | | | TOTAL DEP. | | | |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS